

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO. \_\_\_\_\_ FILING DATE \_\_\_\_\_

APPLICANT(S) \_\_\_\_\_

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		
	IND	DEP	IND	DEP	IND	DEP	
1							
2							
3							
4							
5							
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39							
40							
41	1						
42	1						
43	1						
44	1						
45	1						
46	1						
47	1						
48	1						
49	1						
50	1						
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS.							

51	1						
52	1						
53	1						
54	1						
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56	1						
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73	1						
74	9						
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100							
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS.							